



Cause Number:

141 305850 19

(The Clerk's office will fill in the Cause Number when you file this form)

Plaintiff: Lisa A. Biron

(Print first and last name of the person filing the lawsuit.)

In the  
48th

(check one):

- District Court  
 County Court / County Court at Law  
 Justice Court

Defendant: FMC Carswell And Warden Jody Upton;

Defendant: L. Armstrong & E. Dixon

(Print first and last name of the person being sued.)

Court  
Number

Tarrant

Texas

County

## Statement of Inability to Afford Payment of Court Costs or an Appeal Bond

### 1. Your Information

My full legal name is: Lisa Ann Biron My date of birth is:        Month/Day/Year  
First Middle Last

My address is: (Home) Federal Correctional Institution  
(Mailing) P.O. Box 1731, Waseca, MN 56093

My phone number: N/A My email: N/A

About my dependents: "The people who depend on me financially are listed below.

| Name         | Age | Relationship to Me |
|--------------|-----|--------------------|
| 1 <u>N/A</u> |     |                    |
| 2            |     |                    |
| 3            |     |                    |
| 4            |     |                    |
| 5            |     |                    |
| 6            |     |                    |

### 2. Are you represented by Legal Aid?

I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.'

-or-

I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

I am not represented by legal aid. I did not apply for representation by legal aid.

### 3. Do you receive public benefits?

I do not receive needs-based public benefits. - or -

I receive these **public benefits/government entitlements** that are based on indigency:

(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)

- Food stamps/SNAP       TANF       Medicaid       CHIP       SSI       WIC       AABD  
 Public Housing or Section 8 Housing       Low-Income Energy Assistance       Emergency Assistance  
 Telephone Lifeline       Community Care via DADS       LIS in Medicare ("Extra Help")  
 Needs-based VA Pension       Child Care Assistance under Child Care and Development Block Grant  
 County Assistance, County Health Care, or General Assistance (GA)  
 Other: I am an indigent Federal inmate who has been incarcerated since 11/2012

**4. What is your monthly income and income sources?**

"I get this monthly income:

\$ 15.00 in monthly wages. I work as an Orderly @ .12/hour for the FBOP  
 Your job title \_\_\_\_\_ Your employer \_\_\_\_\_

\$ \_\_\_\_\_ in monthly unemployment. I have been unemployed since (date) \_\_\_\_\_

\$ 125.00 in monthly gifts from my family

\$ \_\_\_\_\_ from other people in my household each month: (List only if other members contribute to your household income.)

\$ \_\_\_\_\_ from  Retirement/Pension  Tips, bonuses  Disability  Worker's Comp  
 Social Security  Military Housing  Dividends, interest, royalties  
 Child/spousal support  
 My spouse's income or income from another member of my household (If available)

\$ \_\_\_\_\_ from other jobs/sources of income. (Describe) \_\_\_\_\_

\$ 140.00 is my total monthly income.

**5. What is the value of your property?**

|  |                          |
|--|--------------------------|
| "My property includes:   | Value*                   |
| Cash   | \$ N/A                   |
| Bank accounts, other financial assets                            | \$ _____                 |
| Inmate Account   | \$ <u>50.15</u>          |
| _____  | \$ _____                 |
| _____  | \$ _____                 |
| Vehicles (cars, boats) (make and year)                           | \$ _____                 |
| N/A  | \$ _____                 |
| _____  | \$ _____                 |
| _____  | \$ _____                 |
| Other property (like jewelry, stocks, land, another house, etc.) | \$ _____                 |
| N/A  | \$ _____                 |
| _____  | \$ _____                 |
| _____  | \$ _____                 |
| <b>Total value of property</b>                                   | <b>→ \$ <u>50.15</u></b> |

**6. What are your monthly expenses?**

| "My monthly expenses are:            | Amount                           |
|--------------------------------------|----------------------------------|
| Rent/house payments/maintenance      | \$ _____                         |
| Food and household supplies          | \$ <u>100.00</u>                 |
| Utilities and telephone and postage  | \$ <u>40.00</u>                  |
| Clothing and laundry                 | \$ _____                         |
| Medical and dental expenses          | \$ _____                         |
| Insurance (life, health, auto, etc.) | \$ _____                         |
| School and child care                | \$ _____                         |
| Transportation, auto repair, gas     | \$ _____                         |
| Child / spousal support              | \$ _____                         |
| Wages withheld by court order        | \$ _____                         |
| Debt payments paid to: (List)        | \$ _____<br>\$ _____<br>\$ _____ |
| <b>Total Monthly Expenses</b>        | <b>→ \$ <u>140.00</u></b>        |

\*The value is the amount the item would sell for less the amount you still owe on it, if anything.

**7. Are there debts or other facts explaining your financial situation?**

"My debts include: (List debt and amount owed) I owe approximately \$ 150,000.00 in student loans.  
As stated, supra, I am an indigent Federal inmate incarcerated since 11/2012.

(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts.") Check here if you attach another page.

**8. Declaration**

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

I cannot afford to pay court costs.

I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.

My name is Lisa A. Biron (Reg. # 12775-049). My date of birth is: \_\_\_\_\_

My address is FCI Waseca, P.O. Box 1731, Waseca, MN 56093 \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

► Lisa Biron signed on 02 / 18 / 19 in Waseca \_\_\_\_\_ County, Minnesota \_\_\_\_\_  
 Signature \_\_\_\_\_ Month/Day/Year \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_



FILED  
TARRANT COUNTY

2019 FEB 25 AM 10:16

THOMAS A. WILDER  
DISTRICT CLERK

Lisa Biren 12775-049

RECEIVED  
TARRANT COUNTY CLERK'S OFFICE  
FEB 25 2019

12775-049  
Tarrant County District Ct  
Thomas Wilder, Clerk  
100 N Calhoun ST  
FORT Worth, TX 76196  
United States

Attn: Deputy Dist. Clerk Settler